Schedule A/B: Property In each category, separately list and describe items. List an asset only once. If an asset fits in more than one cathink it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equinformation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, we		☐ Check if this is an amended filing
First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN Case number 18-52232 Official Form 106A/B Schedule A/B: Property In each category, separately list and describe items. List an asset only once. If an asset fits in more than one cathink it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equivalent of the content of the conte		
Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN Case number 18-52232 Official Form 106A/B Schedule A/B: Property In each category, separately list and describe items. List an asset only once. If an asset fits in more than one catholic high it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equivalent of the complete		
United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN Case number 18-52232 Official Form 106A/B Schedule A/B: Property In each category, separately list and describe items. List an asset only once. If an asset fits in more than one cathink it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equivariant on the space is needed, attach a separate sheet to this form. On the top of any additional pages, washer every question.		
Official Form 106A/B Schedule A/B: Property n each category, separately list and describe items. List an asset only once. If an asset fits in more than one catholic high it fits best. Be as complete and accurate as possible. If two married people are filing together, both are enformation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, was answer every question.		
Official Form 106A/B Schedule A/B: Property n each category, separately list and describe items. List an asset only once. If an asset fits in more than one can hink it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equivariation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, was answer every question.		
Schedule A/B: Property n each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, separately list and describe items. List an asset only once. If an asset fits in more than one cathink it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equivalent of the complete and accurate as possible. If two married people are filing together, both are equivalent of the complete and accurate as possible. If two married people are filing together, both are equivalent of the complete and accurate as possible. If two married people are filing together, both are equivalent of the complete and accurate as possible. If two married people are filing together, both are equivalent of the complete and accurate as possible. If two married people are filing together, both are equivalent of the complete and accurate as possible. If two married people are filing together, both are equivalent of the complete and accurate as possible. If two married people are filing together, both are equivalent of the complete and accurate as possible. If two married people are filing together, both are equivalent of the complete and accurate as possible. If two married people are filing together, both are equivalent of the complete and accurate as possible. If two married people are filing together, both are equivalent of the complete and accurate as possible. If two married people are filing together, but are equivalent of the complete and accurate as possible. If two married people are filing together, but are equivalent of the complete and accurate as possible. If two married people are filing together, and the complete are equivalent of the complete and accurate as possible. If two married people are filing together, and the complete are equivalent of the complete are equivalent of the compl		amended filing
Schedule A/B: Property In each category, separately list and describe items. List an asset only once. If an asset fits in more than one cathink it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equinformation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, was answer every question.		
Official Form 106A/B Schedule A/B: Property In each category, separately list and describe items. List an asset only once. If an asset fits in more than one cathink it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equinformation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, wanswer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In		
n each category, separately list and describe items. List an asset only once. If an asset fits in more than one ca hink it fits best. Be as complete and accurate as possible. If two married people are filing together, both are eq nformation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, w Answer every question.		
in each category, separately list and describe items. List an asset only once. If an asset fits in more than one ca think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are eq information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, w Answer every question.		12/15
No. Go to Part 2. Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexp. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles No	or not? Include any v	e number (if known).
Yes 3.1 Make: Cadillac Who has an interest in the property? Check one		laims or exemptions. Put
Model: Escalade		ed claims on Schedule D: ims Secured by Property.
Year: 2008 Debtor 2 only	Current value of the	Current value of the
Approximate mileage: 155000 Debtor 1 and Debtor 2 only Other information:	entire property?	portion you own?
Other information: At least one of the debtors and another		
☐ Check if this is community property (see instructions)	\$11,993.00	\$11,993.00
4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and acc Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle acces No Yes Add the dollar value of the portion you own for all of your entries from Part 2, including any en pages you have attached for Part 2. Write that number here	tries for	\$11,993.00
6. Household goods and furnishings		portion you own? Do not deduct secured claims or exemptions.

Official Form 106A/B

□ No

Schedule A/B: Property

page 1

Amy L. Butl	er Ca	se number (if known)	18-52232
s. Describe			
	Living and Dining room, bedroom, kitchen furniture & uten	isils.	\$1,500.00
		s, scanners; music c	ollections; electronic devices
	3 TVs, desktop, cell phone, and wii located at Debtor(s)' Residence.		\$700.00
		objects; stamp, coin,	or baseball card collections;
ples: Sports, photo	ographic, exercise, and other hobby equipment; bicycles, pool tables, golf	clubs, skis; canoes	and kayaks; carpentry tools;
s. Describe			
rms mples: Pistols, rifle s. Describe	s, shotguns, ammunition, and related equipment		
	Shot guns located at Debtor(s)' Residence.		\$200.00
nes mples: Everyday cl s. Describe	othes, furs, leather coats, designer wear, shoes, accessories		
	Clothing owned by Debtor(s) at Debtor(s)' Residence and i Debtor(s)' possession.	n	\$500.00
elry mples: Everyday je s. Describe	welry, costume jewelry, engagement rings, wedding rings, heirloom jewe	lry, watches, gems, ς	gold, silver
	Jewelry (various) located at the Debtor(s)' Residence.		\$100.00
farm animals mples: Dogs, cats, s. Describe	birds, horses		
	Bell the Dog located at Debtor(s)' Residence [sentimental vonly].	value	\$0.00
	onics ples: Televisions a including cell s. Describe tibles of value ples: Antiques and other collecti s. Describe ment for sports a ples: Sports, photo musical instr s. Describe rms mples: Pistols, rifle s. Describe s. Describe ferm mples: Everyday cl s. Describe s. Describe farm animals mples: Dogs, cats,	Living and Dining room, bedroom, kitchen furniture & uter conics ples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printer including cell phones, cameras, media players, games s. Describe 3 TVs, desktop, cell phone, and wii located at Debtor(s)' Residence. 4 Residence. 3 TVs, desktop, cell phone, and wii located at Debtor(s)' Residence. 4 Residence. 5 Describe 5 Describe 5 Describe 6 Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf musical instruments 5 Describe 7 ms 7 mples: Pistols, rifles, shotguns, ammunition, and related equipment 5 Describe 6 Shot guns located at Debtor(s)' Residence. 7 Pless Everyday clothes, furs, leather coats, designer wear, shoes, accessories 5 Describe 6 Clothing owned by Debtor(s) at Debtor(s)' Residence and in Debtor(s)' possession. 6 Pless Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry 7 pripes: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry 7 pless: Dogs, cats, birds, horses 8 Describe 8 Describe 8 Describe 8 Describe 8 Describe 8 Describe 9 Describe 8 Describe 8 Describe 9 Describe 8 Describe 9 Describe 9 Describe	Living and Dining room, bedroom, kitchen furniture & utensils. Living and Dining room, bedroom, kitchen furniture & utensils. Living and Dining room, bedroom, kitchen furniture & utensils. Describe 3 TVs, desktop, cell phone, and wii located at Debtor(s)' Residence. 13 TVs, desktop, cell phone, and wii located at Debtor(s)' Residence. 14 Residence. 15 Poscribe 16 Secribe 17 Secribe 18 TVs, desktop, cell phone, and wii located at Debtor(s)' Residence. 18 TVs, desktop, cell phone, and wii located at Debtor(s)' Residence. 18 TVs, desktop, cell phone, and wii located at Debtor(s)' Residence. 18 TVs, desktop, cell phone, and wii located at Debtor(s) pictures, or other art objects; stamp, coin, other collections, memorabilia, collectibles 18 Describe 18 Describe 18 Shot guns located at Debtor(s)' Residence. 18 Shot guns located at Debtor(s)' Residence. 18 Shot guns located at Debtor(s) at Debtor(s)' Residence and in Debtor(s)' possession. 18 Describe 18 Clothing owned by Debtor(s) at Debtor(s)' Residence and in Debtor(s)' possession. 18 Jewelry (various) located at the Debtor(s)' Residence. 18 Jewelry (various) located at the Debtor(s)' Residence. 18 Bell the Dog located at Debtor(s)' Residence [sentimental value]

☐ Yes. Give specific information.....

Official Form 106A/B

Schedule A/B: Property page 2

De	ebtor 1 Amy L. Butler	•		Case number (if known)	18-52232
15				including any entries for pages you have attached	\$3,000.00
Pa	rt 4: Describe Your Financi	al Assets			
	o you own or have any leg		ble interest in any c	of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
	Cash Examples: Money you ha □ No ■ Yes		-	n a safe deposit box, and on hand when you file your petiti	on
				Cash on Debtor(s) Person or Possession.	\$5.00
				certificates of deposit; shares in credit unions, brokerage he same institution, list each.	houses, and other similar
	Yes			Institution name:	
		Acc	ecking/Savings count(s) timate]	Genysis Credit Union	\$800.00
			ecking/Savings count(s)[estimat	Michigan Educational Credit Union	\$5.00
	Bonds, mutual funds, or Examples: Bond funds, in ■ No □ Yes	nvestment ac		e firms, money market accounts	
9.	Non-publicly traded storioint venture ■ No	ck and intere	ests in incorporated	l and unincorporated businesses, including an interes	et in an LLC, partnership, and
	☐ Yes. Give specific info	mation about Name of		% of ownership:	
	Negotiable instruments in Non-negotiable instrume No	nclude persor nts are those	nal checks, cashiers' you cannot transfer	e and non-negotiable instruments checks, promissory notes, and money orders. to someone by signing or delivering them.	
	☐ Yes. Give specific inform	mation about Issuer na			
	□ No	A, ERISA, K	eogh, 401(k), 403(b),	thrift savings accounts, or other pension or profit-sharing	plans
	Yes. List each account	separately. Type of acc	ount:	Institution name:	
		401(k) [es	timate]	Employer	\$30,000.00

Official Form 106A/B Schedule A/B: Property page 3

טע	Ally L. D	utiei	Odde Humber (# known)	10-32232
	Examples: Agreeme ■ No	used deposits you have made so that you may co ents with landlords, prepaid rent, public utilities (el	ectric, gas, water), telecommunications companie	s, or others
	☐ Yes	Institution	name or individual:	
	No	ct for a periodic payment of money to you, either f	or life or for a number of years)	
	☐ Yes	Issuer name and description.		
		cation IRA, in an account in a qualified ABLE po (1), 529A(b), and 529(b)(1).	rogram, or under a qualified state tuition progr	ram.
	☐ Yes	Institution name and description. Separately file	the records of any interests.11 U.S.C. § 521(c):	
	■ No	r future interests in property (other than anythic information about them	ing listed in line 1), and rights or powers exerc	isable for your benefit
	Examples: Internet of No	s, trademarks, trade secrets, and other intellect domain names, websites, proceeds from royalties c information about them		
		es, and other general intangibles permits, exclusive licenses, cooperative associati	on holdings, liquor licenses, professional licenses	3
	☐ Yes. Give specific	c information about them		
Mo	oney or property ow	ed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	Tax refunds owed t ■ No □ Yes. Give specific	to you information about them, including whether you all	ready filed the returns and the tax years	
	Family support Examples: Past due No Yes. Give specific	e or lump sum alimony, spousal support, child sup information	port, maintenance, divorce settlement, property se	ettlement
		wages, disability insurance payments, disability be ; unpaid loans you made to someone else	nefits, sick pay, vacation pay, workers' compens	ation, Social Security
	•	nce policies disability, or life insurance; health savings account	(HSA); credit, homeowner's, or renter's insurance	e
	■ No Nos Name the ins	surance company of each policy and list its value.		
	☐ Tes. Name me ms	Company name:	Beneficiary:	Surrender or refund value:
		perty that is due you from someone who has diciary of a living trust, expect proceeds from a life conformation		ve property because

Official Form 106A/B Schedule A/B: Property page 4

Deb	otor 1	Amy L. Butler		Case number (if known)	18-52232
33.		against third parties, whether or not you have filed a law oles: Accidents, employment disputes, insurance claims, or ri		and for payment	
_	No				
L	┛Yes.	Describe each claim			
	Other o	contingent and unliquidated claims of every nature, inclu	ding counterclaims	of the debtor and rights to	set off claims
	☐ Yes.	Describe each claim			
_		ancial assets you did not already list			
	■ No	Observation of the last constitution			
_	→ Yes.	Give specific information			
36.		he dollar value of all of your entries from Part 4, includin art 4. Write that number here		ges you have attached	\$30,810.00
Part	5: De:	scribe Any Business-Related Property You Own or Have an Inter	est In. List any real esta	ate in Part 1.	
		own or have any legal or equitable interest in any business-relate	ed property?		
	_	Go to line 38.			
	. 100. C	35 to III 0 66.			
Part		scribe Any Farm- and Commercial Fishing-Related Property You ou own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
46.	Do you	own or have any legal or equitable interest in any farm-	or commercial fishir	ng-related property?	
	No.	Go to Part 7.			
	☐ Yes.	. Go to line 47.			
		-			
Part	:7:	Describe All Property You Own or Have an Interest in That You	I Did Not List Above		
_	Examp	have other property of any kind you did not already list? bles: Season tickets, country club membership	?		
_	□ No	Give specific information			
•	e res.	Give specific information			
		Campground Membership			\$500.00
54.	Add t	he dollar value of all of your entries from Part 7. Write th	at number here		\$500.00
0 1.	71441				Ψ300.00
Part	8:	List the Totals of Each Part of this Form			
	Don't 4	In Total week setate 1900 0			***
55.		l: Total real estate, line 2			\$0.00
56. 57.		2: Total vehicles, line 5 3: Total personal and household items, line 15	\$11,993.00 \$3,000.00		
58.		l: Total financial assets, line 36	\$30,810.00		
59.		5: Total business-related property, line 45	\$0.00		
60.		5: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	7: Total other property not listed, line 54 +	\$500.00		
62.	Total	personal property. Add lines 56 through 61	\$46,303.00	Copy personal property to	otal \$46,303.00
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$46,303.00

Official Form 106A/B Schedule A/B: Property page 5

Fill in this infor	rmation to identify your	case:		
Debtor 1	Amy L. Butler			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	OF MICHIGAN	
Case number	18-52232			Charl William
(II KHOWH)				Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2. Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Clai	m as Exempt
--	-------------

	☐ You are claiming state and federal nonban	kruptcy exemptions.	11 U.S	S.C. § 522(b)(3)	
	■ You are claiming federal exemptions. 11 l	U.S.C. § 522(b)(2)			
2.	For any property you list on Schedule A/B	that you claim as exe	empt,	fill in the information below.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	2008 Cadillac Escalade 155000 miles	\$11,993.00		\$3,775.00	11 U.S.C. § 522(d)(2)
	Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	
	2008 Cadillac Escalade 155000 miles Line from Schedule A/B: 3.1	\$11,993.00		\$3,718.00	11 U.S.C. § 522(d)(5)
	Line from Scriedule A/B. 3.1			100% of fair market value, up to any applicable statutory limit	
	Living and Dining room, bedroom, kitchen furniture & utensils.	\$1,500.00		\$1,500.00	11 U.S.C. § 522(d)(3)
	Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
	3 TVs, desktop, cell phone, and wii located at Debtor(s)' Residence.	\$700.00		\$700.00	11 U.S.C. § 522(d)(3)
	Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	
	Shot guns located at Debtor(s)' Residence.	\$200.00		\$200.00	11 U.S.C. § 522(d)(5)
	Line from Schedule A/B: 10.1			100% of fair market value, up to any applicable statutory limit	

Official Form 106C

Schedule C: The Property You Claim as Exempt

low exemption
d)(3)
d)(4)
d)(5)
d)(5)
d)(5)
d)(12)
d)(3)
d

Fill in this information to identify you	ur case:				
Debtor 1 Amy L. Butler					
First Name	Middle Name Last Nan	ne			
Debtor 2 (Spouse if, filing) First Name	Middle Name Last Nan	ne			
		.0			
United States Bankruptcy Court for the	EASTERN DISTRICT OF MICHIGAN				
Case number 18-52232					
(if known)				☐ Chec	k if this is an
				amer	nded filing
Official Form 106D					
	. Who Hove Claims See	rad b	v Droport		40/45
Scriedule D. Creditors	s Who Have Claims Secu	reu L	y Propert	<u>y </u>	12/15
	If two married people are filing together, both a out, number the entries, and attach it to this for				
number (if known).	,		, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,	
1. Do any creditors have claims secured b	y your property?				
☐ No. Check this box and submit	this form to the court with your other schedule	es. You h	ave nothing else t	o report on this form.	
Yes. Fill in all of the information	below.				
Part 1: List All Secured Claims					
2. List all secured claims. If a creditor has	more than one secured claim, list the creditor sepa	rately	Column A	Column B	Column C
for each claim. If more than one creditor ha	s a particular claim, list the other creditors in Part 2	. As	Amount of claim	Value of collateral	Unsecured portion
much as possible, list the claims in alphabet	ical order according to the creditor's name.		Do not deduct the value of collateral.	that supports this claim	If any
2.1 Integrity Funding Ohio,	Describe the property that secures the claim:		\$4,500.00	\$11,993.00	\$0.00
Creditor's Name	2008 Cadillac Escalade 155000 miles				
	As of the data you file the plain is: Cheek all the				
84 Villa Road	As of the date you file, the claim is: Check all the apply.	at			
Greenville, SC 29615	Contingent				
Number, Street, City, State & Zip Code	☐ Unliquidated				
Who owes the debt? Check one.	LI Disputed Nature of lien. Check all that apply.				
■ Debtor 1 only	■ An agreement you made (such as mortgage	or cocurac			
Debtor 2 only	car loan)	or secured			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lie	en)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit	,			
☐ Check if this claim relates to a community debt	Other (including a right to offset)				
Date debt was incurred	Last 4 digits of account number				
Add the dollar value of your entries in 0	Column A on this page. Write that number here:		\$4,50	0.00	
If this is the last page of your form, add			\$4,50		
Write that number here:			φ4,5U	0.00	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

Fill in this informa	ation to identify your	case:				
Debtor 1	Amy L. Butler					
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bank	cruptcy Court for the:	EASTERN DISTRICT O	OF MICHIGAN			
Officed States Darik	ruptcy Court for the.	EAGTERN BIOTRIOT	or wichioAiv			
Case number 18	3-52232				□ Char	al. if this is an
(II KIIOWII)					_	ck if this is an nded filing
					Ge.	
Official Form						
Schedule E/I	F: Creditors W	ho Have Unsecu	ured Claims			12/15
	of Your PRIORITY Un have priority unsecure					
name and case numb	,	seesured Claims				
☐ No. Go to Par	t 2.					
Yes.						
identify what type possible, list the o	of claim it is. If a claim ha claims in alphabetical orde	as both priority and nonpriority	one priority unsecured claim, y amounts, list that claim here name. If you have more than to reditors in Part 3.	and show both priority a	nd nonpriority amou	unts. As much as
(For an explanation	on of each type of claim, s	see the instructions for this fo	rm in the instruction booklet.)	Total claim	Priority	Nonpriority
					amount	amount
2.1 IRS	Seeds Name	Last 4 digits o	f account number	\$0.00	\$0.0	90.0
Priority Cred PO Box 3		When was the	debt incurred?			
Mail Stop	15				-	
Detroit, N	MI 48232 eet City State Zlp Code	As of the date	you file, the claim is: Check	all that apply		
	the debt? Check one.	☐ Contingent	you me, the claim is. Check	αιι ιτιατ αρριγ		
Debtor 1 only	у	☐ Unliquidate	d			
Debtor 2 onl	V	☐ Disputed	~			
Debtor 1 and		•	RITY unsecured claim:			
	•	□ Domestic si				
☐ At least one	of the debtors and another	er 🗀 Domestic st	upport obligations			
	of the debtors and another s claim is for a commun	_	upport obligations certain other debts you owe th	e government		
	s claim is for a commur	nity debt Taxes and	•			

☐ Yes

notice only

			18-52232		
State of Michigan	Last 4 digits of account number	\$0.00)\$0	.00_	\$0.0
Priority Creditor's Name Collection/Bankruptcy Unit PO Box 30168	When was the debt incurred?		_		
Lansing, MI 48909 Number Street City State Zlp Code	As of the date you file, the claim is:	Check all that apply			
Who incurred the debt? Check one.	☐ Contingent				
Debtor 1 only	☐ Unliquidated				
Debtor 2 only	☐ Disputed				
☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim	1			
☐ At least one of the debtors and another	☐ Domestic support obligations				
☐ Check if this claim is for a community debt	■ Taxes and certain other debts you	owe the government			
Is the claim subject to offset?	☐ Claims for death or personal injury	•			
■ No	☐ Other. Specify				
☐ Yes	notice only				
No. You have nothing to report in this part. Submit €Yes.	this form to the court with your other sch		itor has more than	one nonprior	ity
☐ No. You have nothing to report in this part. Submit☐ Yes.	this form to the court with your other schemes alphabetical order of the creditor what aim. For each claim listed, identify what	o holds each claim. If a creditype of claim it is. Do not list c	laims already inclu	uded in Part 1	. If more
 No. You have nothing to report in this part. Submit to Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other 	this form to the court with your other schemes alphabetical order of the creditor what aim. For each claim listed, identify what	o holds each claim. If a creditype of claim it is. Do not list c	laims already inclu	uded in Part 1	. If more
 No. You have nothing to report in this part. Submit to Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each cl than one creditor holds a particular claim, list the other Part 2. Access One Medcard 	this form to the court with your other schemes alphabetical order of the creditor what aim. For each claim listed, identify what	o holds each claim. If a creditype of claim it is. Do not list c	laims already inclu	uded in Part 1 Continuation F	. If more Page of
 No. You have nothing to report in this part. Submit to Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each clathan one creditor holds a particular claim, list the other Part 2. Access One Medcard Nonpriority Creditor's Name PO Box 841695 	alphabetical order of the creditor who aim. For each claim listed, identify what creditors in Part 3.If you have more thar	o holds each claim. If a credi type of claim it is. Do not list c three nonpriority unsecured o	laims already inclu	uded in Part 1 Continuation F	. If more Page of
■ No. You have nothing to report in this part. Submit to Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each cl than one creditor holds a particular claim, list the other Part 2. Access One Medcard Nonpriority Creditor's Name	alphabetical order of the creditor who aim. For each claim listed, identify what creditors in Part 3.lf you have more thar	p holds each claim. If a creditype of claim it is. Do not list continued on three nonpriority unsecured on the page of the pag	laims already inclu	uded in Part 1 Continuation F	. If more Page of
■ No. You have nothing to report in this part. Submit to Yes. 1. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each clathan one creditor holds a particular claim, list the other Part 2. 1.1 Access One Medcard Nonpriority Creditor's Name PO Box 841695 Dallas, TX 75284-1695 Number Street City State ZIp Code	alphabetical order of the creditor who aim. For each claim listed, identify what creditors in Part 3.lf you have more than Last 4 digits of account number When was the debt incurred?	p holds each claim. If a creditype of claim it is. Do not list continued on three nonpriority unsecured on the page of the pag	laims already inclu	uded in Part 1 Continuation F	. If more
No. You have nothing to report in this part. Submit to Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other Part 2. Access One Medcard Nonpriority Creditor's Name PO Box 841695 Dallas, TX 75284-1695 Number Street City State ZIp Code Who incurred the debt? Check one.	alphabetical order of the creditor who aim. For each claim listed, identify what creditors in Part 3.lf you have more than Last 4 digits of account number When was the debt incurred? As of the date you file, the claim	p holds each claim. If a creditype of claim it is. Do not list continued on three nonpriority unsecured on the page of the pag	laims already inclu	uded in Part 1 Continuation F	. If more Page of
■ No. You have nothing to report in this part. Submit to Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2. Access One Medcard Nonpriority Creditor's Name PO Box 841695 Dallas, TX 75284-1695 Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only	alphabetical order of the creditor who aim. For each claim listed, identify what creditors in Part 3.lf you have more than Last 4 digits of account number When was the debt incurred? As of the date you file, the claim	p holds each claim. If a creditype of claim it is. Do not list continued on three nonpriority unsecured on the page of the pag	laims already inclu	uded in Part 1 Continuation F	. If more Page of
No. You have nothing to report in this part. Submit to Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each clathan one creditor holds a particular claim, list the other Part 2. Access One Medcard Nonpriority Creditor's Name PO Box 841695 Dallas, TX 75284-1695 Number Street City State ZIp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only	alphabetical order of the creditor who aim. For each claim listed, identify what creditors in Part 3.lf you have more than Last 4 digits of account number When was the debt incurred? As of the date you file, the claim Contingent Unliquidated	p holds each claim. If a creditype of claim it is. Do not list on three nonpriority unsecured of the page of the p	laims already inclu	uded in Part 1 Continuation F	. If more Page of
□ No. You have nothing to report in this part. Submit to Yes. 1. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2. 1.1 Access One Medcard Nonpriority Creditor's Name PO Box 841695 Dallas, TX 75284-1695 Number Street City State Zlp Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community	alphabetical order of the creditor who aim. For each claim listed, identify what creditors in Part 3.If you have more than Last 4 digits of account number When was the debt incurred? As of the date you file, the claim Contingent Unliquidated Disputed	p holds each claim. If a creditype of claim it is. Do not list on three nonpriority unsecured of the page of the p	laims already inclu	uded in Part 1 Continuation F	. If more Page of
No. You have nothing to report in this part. Submit to Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2. Access One Medcard Nonpriority Creditor's Name PO Box 841695 Dallas, TX 75284-1695 Number Street City State ZIp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	alphabetical order of the creditor who aim. For each claim listed, identify what creditors in Part 3.If you have more than Last 4 digits of account number When was the debt incurred? As of the date you file, the claim Contingent Unliquidated Disputed Type of NONPRIORITY unsecure Student loans Obligations arising out of a separation.	b holds each claim. If a creditype of claim it is. Do not list on three nonpriority unsecured of three nonpriority unsecured	laims already incluctaims fill out the C	uded in Part 1 Continuation F	. If more Page of
□ No. You have nothing to report in this part. Submit to Yes. 1. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other Part 2. 1.1 Access One Medcard Nonpriority Creditor's Name PO Box 841695 Dallas, TX 75284-1695 Number Street City State ZIp Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset?	alphabetical order of the creditor who aim. For each claim listed, identify what creditors in Part 3.lf you have more than Last 4 digits of account number When was the debt incurred? As of the date you file, the claim Contingent Unliquidated Disputed Type of NONPRIORITY unsecure Student loans Obligations arising out of a separeport as priority claims	b holds each claim. If a creditype of claim it is. Do not list on three nonpriority unsecured of three nonpriority unsecured	laims already inclucial instance of the Control of	uded in Part 1 Continuation F	. If more Page of
4. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each cl than one creditor holds a particular claim, list the other Part 2. 4.1 Access One Medcard Nonpriority Creditor's Name PO Box 841695 Dallas, TX 75284-1695 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	alphabetical order of the creditor who aim. For each claim listed, identify what creditors in Part 3.If you have more than Last 4 digits of account number When was the debt incurred? As of the date you file, the claim Contingent Unliquidated Disputed Type of NONPRIORITY unsecure Student loans Obligations arising out of a separation.	b holds each claim. If a creditype of claim it is. Do not list on three nonpriority unsecured of three nonpriority unsecured	laims already inclucial instance of the Control of	uded in Part 1 Continuation F	. If more Page of

Bank of America	Last 4 digits of account number 6784	\$3,
Wilmington, DE 19886	When was the debt incurred? 2016	
	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you report as priority claims	did not
No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify revolving credit account	
Barix Clinics	Last 4 digits of account number	
Nonpriority Creditor's Name 135 Forest Health Medical Center Ypsilanti, MI 48198	When was the debt incurred? 2017	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you report as priority claims	did not
No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify medical services	
Best Buy	Last 4 digits of account number 5120	\$2,
Nonpriority Creditor's Name P.O. Box 15519	When was the debt incurred? 2016	
Wilmington, DE 19850 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
□ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you	did not
s the claim subject to offset?	report as priority claims	
No	\square Debts to pension or profit-sharing plans, and other similar debts	

Debtor	1 Amy L. Butler	Case number (if know) 18-52232	
4.5	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	\$3,249.40
	PO Box 85015	When was the debt incurred? 2016	
	Richmond, VA 23285-5015 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify revolving credit account	
4.6	Chase	Last 4 digits of account number 5078	\$9,759.50
	Nonpriority Creditor's Name P.O. Box 15298 Wilmington, DE 10850 5208	When was the debt incurred? 2016	
	Wilmington, DE 19850-5298 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	Other. Specify revolving credit account	
4.7	Chris Fleming	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name		Ψ0.00
	19 E. 1st PO Box 2111 Monroe, MI 48161	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	,	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	■ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	□ Debts to pension or profit-sharing plans, and other similar debts	
	■ No □ Yes		
	Li res	Other. Specify notice	

Comcast	Last 4 digits of account number	\$0
Nonpriority Creditor's Name 5855 Interface Dr	When was the debt incurred?	
Ann Arbor, MI 48103-9515 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	□ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify	
Discover	Last 4 digits of account number 4842	\$1,966
Nonpriority Creditor's Name	When we she date in some 20.40	
P.O. Box #6103 Carol Stream. IL 60197	When was the debt incurred? 2018	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	□ Debts to pension or profit-sharing plans, and other similar debts	
■ No	Other. Specify revolving credit account	
DTE Energy	Last 4 digits of account number	\$0
Nonpriority Creditor's Name	When was the debt incurred?	
Lansing, MI 48937		
Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	□ Student loans	
debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
■ Yes	Other. Specify	

Debto	r 1 Amy L. Butler		Case number (if know) <u>18-52232</u>	
4.1	Forest Health Services	Last 4 digits of account number	2204	\$228.25
	Nonpriority Creditor's Name 135 S. Prospect Ypsilanti, MI 48198	When was the debt incurred?	2018	-
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify services		-
4.1	IHA	Look A divite of account number	8932	\$224.70
2	Nonpriority Creditor's Name	Last 4 digits of account number		Ψ224.10
	P.O. Box #131186	When was the debt incurred?	2018	_
	Ann Arbor,, MI 48113-1186		Second and the second	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	Пол		
	_	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	d claim:	
	At least one of the debtors and another	Student loans	d Claim.	
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	ifation agreement of divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify services		-
4.1	Kohls		unknown	\$300.00
3	Nonpriority Creditor's Name	Last 4 digits of account number	<u>unknown</u>	—————
	P.O. Box #2983 Milwaukee,, WI 53201-2983	When was the debt incurred?	2018	-
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharing		
	Yes	■ Other. Specify revolving c	redit account	-

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Amy L. Butler	Case number (if know) 18-522	32
Lane Bryant	Last 4 digits of account number unknown	\$700.00
Nonpriority Creditor's Name P.O. Box 182507	When was the debt incurred? 2018	
Columbus, OH 43218 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you divergent as priority claims	not
■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	Other. Specify revolving credit account	
Michigan Medicine	Last 4 digits of account number 9209	\$42.22
Nonpriority Creditor's Name		<u> </u>
Dept. CH 14410	When was the debt incurred? 2018	
Palatine, IL 60055-4410 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	The of the date year me, the claim to. Officer all that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did report as priority claims	not
■ No	Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	Other. Specify services	
Sprint	Last 4 digits of account number 8925	\$168.13
Nonpriority Creditor's Name	Last 4 digits of account number	
P.O. Box 600607	When was the debt incurred? 2018	
Jacksonville, FL 32260-0607 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	As of the date you me, the claim is. Oneok an that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did	not
Is the claim subject to offset?	report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	■ Other. Specify Services	

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Debtor	1 Amy L. B	utler		Case n	umber (if know)	18-52232	
4.1	Ulta		Last 4 digits of account numbe	_r unkn	own		\$500.00
	Nonpriority Cred PO Box 659	9450	When was the debt incurred?	2016			
	Number Street 0	o, TX 78265-9450 City State Zlp Code the debt? Check one.	As of the date you file, the clair	n is: Check	all that apply		
	Debtor 1 onl	ly	☐ Contingent				
	Debtor 2 onl	ly	☐ Unliquidated				
	Debtor 1 and	•	☐ Disputed				
		of the debtors and another	Type of NONPRIORITY unsecu	red claim:			
		is claim is for a community	☐ Student loans				
	debt	bject to offset?	☐ Obligations arising out of a se report as priority claims	paration ag	reement or divorce	that you did not	
	■ No		Debts to pension or profit-sha	ring plans,	and other similar de	ebts	
	Yes		Other Specify revolving	credit a	ccount		-
4.1	Xfinity		Lock A digita of account number	r 0956			\$501.71
8	Nonpriority Cred	ditor's Name	Last 4 digits of account numbe	- U330			Ψ301.71
	41112 Cond		When was the debt incurred?	2018			-
		City State ZIp Code the debt? Check one.	As of the date you file, the clair	n is: Check	all that apply		
	■ Debtor 1 onl	ly	☐ Contingent				
	Debtor 2 onl	ly	☐ Unliquidated				
	Debtor 1 and	d Debtor 2 only	☐ Disputed				
	☐ At least one	of the debtors and another	Type of NONPRIORITY unsecu	red claim:			
	_	is claim is for a community	☐ Student loans				
	debt	bject to offset?	Obligations arising out of a se report as priority claims	paration ag	reement or divorce	that you did not	
	■ No		Debts to pension or profit-sha	ring plans,	and other similar de	ebts	
	Yes		Other. Specify services				-
Part 3:	List Others	s to Be Notified About a De	bt That You Already Listed				
is tryi have r	ng to collect fro more than one c	m you for a debt you owe to so	about your bankruptcy, for a debt that omeone else, list the original creditor at you listed in Parts 1 or 2, list the ad or submit this page.	in Parts 1	or 2, then list the	collection agenc	y here. Similarly, if you
	nd Address		On which entry in Part 1 or Part 2 did yo	ou list the o	riginal creditor?		
	torney Civil 'est Fort Stre		Line 2.1 of (Check one):	Part 1: 0	Creditors with Prior	ity Unsecured Cla	ims
	it, MI 48226-3	3277	Last 4 digits of account number	☐ Part 2: (Creditors with Nonp	oriority Unsecured	Claims
Part 4:	Add the Ar	mounts for Each Type of Ui					
6. Total	-	certain types of unsecured cla	ims. This information is for statistica	I reporting	purposes only. 28	B U.S.C. §159. Ad	d the amounts for each
					Total	Claim	
	6a.	Domestic support obligations	S	6a.	\$	0.00	
	Total						_
from P	aims art 1 6b.	Taxes and certain other debt	s you owe the government	6b.	\$	0.00	
	6c.		injury while you were intoxicated	6c.	\$	0.00	_
	6d.	Other. Add all other priority uns	secured claims. Write that amount here.	6d.	\$	0.00	_
	6e.	Total Priority. Add lines 6a thr	ough 6d.	6e.	\$	0.00	_
					Total	Claim	

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 8 of 9

Debtor 1 A	my L. B	utler	Case r	number (if know)	18-52232	
Total	6f.	Student loans	6f.	\$	0.00	
claims from Part 2	6g. 6h.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	6g. 6h.	\$ s	0.00	
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	23,332.87	
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	23,332.87	

Fill in this infor	mation to identify your	case:		
Debtor 1	Amy L. Butler			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	F MICHIGAN	
Case number	18-52232			
(if known)				Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease State what the contract or lease is for Name, Number, Street, City, State and ZIP Code Debtor has a membership [pays \$30 a month] **Outdoor Adventure** 1400 North Henry **Bay City, MI 48706**

Fill in this	information to identify your	rasa.			
		case.			
Debtor 1	Amy L. Butler First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing	ng) First Name	Middle Name	Last Name		
United Sta	ites Bankruptcy Court for the:	EASTERN DISTRICT (OF MICHIGAN		
Case num (if known)	ber 18-52232			☐ Check if this i	
Officia	l Form 106H				
Sched	lule H: Your Cod	ebtors			12/15
	and case number (if known) you have any codebtors? (If			as a codebtor.	
■ No □ Yes	S				
	hin the last 8 years, have you na, California, Idaho, Louisiana,			y? (Community property states and territories incongton, and Wisconsin.)	clude
_	Go to line 3. s. Did your spouse, former spou	use, or legal equivalent liv	e with you at the time?		
in line Form	e 2 again as a codebtor only i	f that person is a guarar	ntor or cosigner. Make	if your spouse is filing with you. List the pers sure you have listed the creditor on Schedule 6G). Use Schedule D, Schedule E/F, or Sched	D (Official
	Column 1: Your codebtor Name, Number, Street, City, State and Zl	P Code		Column 2: The creditor to whom you owe Check all schedules that apply:	the debt
3.1				☐ Schedule D, line	
	Name			☐ Schedule E/F, line ☐ Schedule G, line ☐	
	Number Street			_	
	City	State	ZIP Code		
3.2				☐ Schedule D, line	
	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
	Number Street			_	
	City	State	ZIP Code		

Fill	in this information to identify your c	ase.				I			
	otor 1 Amy L. Butle				_				
	otor 2				_				
Uni	ted States Bankruptcy Court for the	: EASTERN DISTRICT	OF MICHIGAN						
	se number 18-52232		-			Check if this i An ameno	led filing nent showin		
O:	fficial Form 106l							ollowing date:	
	chedule I: Your Inc	ome				MM / DD/	YYYY		12/15
sup spo atta	as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	are married and not filing w	ng jointly, and your ith you, do not inclu	spouse i	s liv nati	ing with you, inc on about your sp	lude inforrouse. If me	nation about ore space is	your needed,
1.	Fill in your employment information.		Debtor 1			Debtor	2 or non-fi	iling spouse	
	If you have more than one job,	Employment status	■ Employed	■ Employed			☐ Employed		
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed			☐ Not employed		
	employers. Include part-time, seasonal, or	Occupation	disabled						
	self-employed work.	Employer's name							
	Occupation may include student or homemaker, if it applies.	Employer's address							
		How long employed t	here?						
Par	t 2: Give Details About Mor	nthly Income							
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to r	eport for	any	line, write \$0 in th	e space. Ind	clude your noi	n-filing
If yo	u or your non-filing spouse have mo e space, attach a separate sheet to	ore than one employer, co	ombine the informatio	n for all e	emplo	oyers for that pers	on on the li	nes below. If	you need
						For Debtor 1		btor 2 or ing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	0.00	\$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	0.00	\$	N/A	

Deb	tor 1	Amy L. Butler	-	Case	number (<i>if known</i>	18-	52232		
								_	
				Foi	Debtor 1		r Debtor n-filing s		
	Copy	/ line 4 here	4.	\$	0.00		ii iiiiig s	N/A	
5.	List	all payroll deductions:							_
-	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00) \$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00			N/A	_
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	_ : _		N/A	_
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00			N/A	_
	5e.	Insurance	5e.	\$	0.00	,		N/A	_
	5f.	Domestic support obligations	5f.	\$	0.00	\$		N/A	<u> </u>
	5g.	Union dues	5g.	\$	0.00			N/A	_
	5h.	Other deductions. Specify:	5h.+	- \$_	0.00	_ + \$_		N/A	<u>-</u>
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	0.00	_ \$_		N/A	<u>. </u>
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	0.00	_ \$_		N/A	<u> </u>
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross							
		receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00) \$		N/A	
	8b.	Interest and dividends	8b.	\$-	0.00			N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce		· <u> </u>		_			_
		settlement, and property settlement.	8c.	\$	1,000.00) \$		N/A	
	8d.	Unemployment compensation	8d.	\$	0.00	_ : -		N/A	_
	8e.	Social Security	8e.	\$	1,400.00) \$		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00) \$		N/A	_
	8g.	Pension or retirement income	8g.	\$-	0.00	_ : -		N/A	_
	8h.	Other monthly income. Specify: 1099 Job	8h.+	- \$_	841.58			N/A	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	3,241.58	\$		N/A	A
			_						
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		3,241.58 +	\$	N/A	= \$ _	3,241.58
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not a lify:	depen			•	Schedule	∍ J. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The resent that amount on the Summary of Schedules and Statistical Summary of Certaines					e. 12.	\$	3,241.58
								Combi month	ned ly income
13.	Do y ■	ou expect an increase or decrease within the year after you file this form No.	?						
		Yes. Explain:							

Fill	in this informa	tion to identify yo	our case:			l		
	tor 1	Amy L. Butle				Che	ck if this is:	
Dob	tor 2				An amended filing			
	ouse, if filing)							wing postpetition chapter the following date:
Unit	ed States Bankr	uptcy Court for the	: EASTE	RN DISTRICT OF MICHI	GAN		MM / DD / YYYY	
	e number 18	3-52232						
\bigcirc	fficial Fo	rm 106J						
		J: Your	Exper	ises				12/15
Be	as complete a	and accurate as	possible eded, atta	. If two married people a ch another sheet to this				or supplying correct
Par		ibe Your House	hold					
1.	Is this a joir No. Go to							
			in a separ	ate household?				
	□ N □ Y		st file Offici	ial Form 106J-2, <i>Expense</i>	es for Separate House	e <i>hold</i> of Deb	otor 2.	
2.	Do you have	e dependents?	□ No					
	Do not list Do Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state				Danahira		40	□ No
	dependents	names.			Daughter		16	■ Yes □ No
								☐ Yes
								□ No
							_	☐ Yes
								□ No □ Yes
3.	Do your exp	enses include		No	-			□ 162
		f people other t d your depende	han $_{\square}$	Yes				
		ate Your Ongoi						
exp				uptcy filing date unless y is filed. If this is a sup				apter 13 case to report of the form and fill in the
the	value of such	n assistance an		government assistance cluded it on <i>Schedule I:</i>			V	
(Off	ficial Form 10	6l.)					Your exp	enses
4.		or home owners and any rent for the		ses for your residence. or lot.	Include first mortgag	e 4.	\$	985.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a.	\$	0.00
		rty, homeowner's				4b.	·	0.00
				upkeep expenses		4c.		0.00
5.		owner's associat nortgage pavme		dominium dues our residence , such as h	ome equity loans	4d. 5.	·	0.00
		3-3- P-7.11	· · · · · · · · · · · · · · · · · · ·			٠.	•	0.00

Schedule J: Your Expenses
18-52232-mbm Doc 15 Filed 09/19/18 Entered 09/19/18 15:45:45 Page 22 of 23 Official Form 106J

tor 1 Amy L. Butler	Case number (if known)	18-52232
Utilities:		
6a. Electricity, heat, natural gas	6a. \$	60.00
6b. Water, sewer, garbage collection	6b. \$	0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	175.00
6d. Other. Specify: Cell Phone	6d. \$	75.00
Food and housekeeping supplies	7. \$	550.00
Childcare and children's education costs	8. \$	0.00
Clothing, laundry, and dry cleaning	9. \$	120.00
Personal care products and services	10. \$	25.00
Medical and dental expenses	11. \$	197.00
Transportation. Include gas, maintenance, bus or train fare.		
Do not include car payments.	12. \$	350.00
Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	100.00
Charitable contributions and religious donations	14. \$	0.00
Insurance.		
Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	0.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	140.00
15d. Other insurance. Specify:	15d. \$	0.00
Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.		
Specify:	16. \$	0.00
Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	0.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify: Storage	17c. \$	90.00
17d. Other. Specify:	17d. \$	0.00
Your payments of alimony, maintenance, and support that you did not report as		
deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$	0.00
Other payments you make to support others who do not live with you.	\$	0.00
Specify:	19.	
Other real property expenses not included in lines 4 or 5 of this form or on Sche		
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
Other: Specify: Pet Care	21. +\$	50.00
Smoking	+\$	75.00
Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$	2,992.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$	2,992.00
Calculate your monthly not income		
Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	2 044 E0
23a. Copy line 12 (your combined monthly income) from Scriedule 1. 23b. Copy your monthly expenses from line 22c above.	23a. \$ 23b\$	3,241.58
230. Copy your monthly expenses from line 22c above.	ZSD\$	2,992.00
23c Subtract your monthly expenses from your monthly income		
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	249.58
Do you expect an increase or decrease in your expenses within the year after your example, do you expect to finish paying for your car loan within the year or do you expect your modification to the terms of your mortgage?		rease or decrease because of
■ No.		

Official Form 106J

page 2